

# **Exhibit 6**

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE EASTERN DISTRICT OF PENNSYLVANIA  
3

4           MONIQUE RUSSELL, JASMINE       )  
5           RIGGINS, ELSA M. POWELL,       )  
6           and DESIRE EVANS,               )

7                               Plaintiffs,       )

8                               ) Civil Action No. 18-5629

9                               ) vs.                       )

10                              ) Honorable Joshua D.

11           EDUCATIONAL COMMISSIONER    ) Wolson

12           FOR FOREIGN MEDICAL         )

13           GRADUATES,                    )

14                              ) Defendant.       )

15                              )                              )  
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VIDEOTAPED DEPOSITION OF JOHN CHARLES HYDE, Ph.D.

(Taken by Defendant)

November 18, 2019

9:40 a.m.

Renaissance Concourse Atlanta Hotel  
One Hartsfield Centre Parkway  
Atlanta, Georgia

Reported by: F. Renee Finkley, RPR, RMR, CRR, CLR,  
CCR-B-2289

1 definition of credentialing. What I'm -- what I'm  
2 asking for is what you would actually look at in  
3 deciding whether or not to credential a physician.

4 A. Okay. Licensure, training, which could  
5 include, obviously, not just internship, but  
6 residency and/or fellowship. You would look at their  
7 experience. Some of them may not have any. You  
8 know, they may be fresh out of the residency program,  
9 others may not. You would look at litigation  
10 history. You would look at board certification. You  
11 would look at health status. And you would look at  
12 sort of their general ability to get along with  
13 others. Do they play well with others?

14 So you -- you're looking at a lot of  
15 different factors that's going to get you that.  
16 Also, you would look and see the National  
17 Practitioner Data Bank. Have they had any payouts or  
18 any convictions of any type of morally-related, moral  
19 turpitude, which is typically the terminology. You  
20 would look at Office of Inspector General to see if  
21 they have had any claims or had the ability to be  
22 involved in Medicare/Medicaid.

23 You would look potentially at insurance  
24 companies to see if they've been providing on-panels  
25 within the insurance world for managed care, so to

1 speak. I gave you more than a quarter's worth, but  
2 that's sort of going down the list.

3 Q. Anything else that you haven't mentioned  
4 that you recall that you would look at in deciding  
5 whether or not to credential a physician?

6 A. Recommendations, obviously, from -- you  
7 know, that goes without saying. Previous history.  
8 We would query the other hospitals if the individual  
9 was on their -- it depends on their point in their  
10 career. If somebody's just out of residency, they're  
11 not going to have a lot of previous experience or  
12 experiential training outside of residency; but if  
13 they were on staff at another hospital, you would ask  
14 the hospital, Are they on staff, What level, Are they  
15 in good standing.

16 You'd like to get more, but that's sort of  
17 all you're going to get. You would probably also  
18 query their health grades. You know, there's a lot  
19 of different things that would give some idea of some  
20 feedback.

21 Q. Anything in addition to that that you  
22 would look at when deciding about privileging? If  
23 you've just gone through all that for credentialing  
24 an individual, how do you go about -- what do you  
25 look at for privileging purposes?

1     need to -- cause I -- yeah, I've hired a lot of  
2     physicians, but what are you talking about from the  
3     HR perspective?

4           Q.     So what I mean by that is have you ever  
5     been involved in in-taking paperwork from them with  
6     things like their Social Security number, getting  
7     them enrolled in benefits programs or whatever it  
8     might be, those sorts of Human Resources issues?

9           A.     I -- to be honest, when I first started,  
10    we didn't hire a lot of physicians. We hired some ER  
11    docs mainly in radiology because we gave them  
12    exclusive privileges. But I've always been at a  
13    level where I didn't do -- I was above that. People  
14    that did that reported to me -- reported to me.

15          Q.     Sure.

16          A.     And then the farther I got up, somebody  
17    reported to me that somebody reported to them and  
18    however long the chain was. But did I physically  
19    hand them certain things and check things? No,  
20    ma'am.

21          Q.     Okay. So you weren't like running Social  
22    Security numbers for the purpose of issuing a W-2 or  
23    anything like that for taxpaying?

24          A.     No, I -- I wouldn't do that. I never  
25    have. I know what it is; but, no, I didn't do that.

1 Q. Sure.

2 A. We had people to do that obviously.

3 Q. And other than establishing before that  
4 you are a Ph.D., not an M.D., do you have any other  
5 medical clinical background? Are you a nurse, a  
6 nurse practitioner, any of that type of thing?

7 A. None of the above.

8 Q. Okay.

9 A. I am not a clinician, and the only medical  
10 care I've ever rendered to my kids, so -- and that is  
11 questionable whether it was good or bad or  
12 indifferent. They're all alive, so I guess it was  
13 okay.

14 Q. We'll leave that for another deposition.

15 A. Yes.

16 Q. Have you ever attended any medical school?  
17 Did you start and not finish?

18 A. No. I -- well, let me back up and say --  
19 answer, too. I've never been admitted nor applied.  
20 Have I sat in on classes? Yes.

21 Q. Okay.

22 A. Have I taught more classes than I sat in  
23 on? That is true.

24 Q. On hospital administration?

25 A. Well, statistical analysis, reading the

1 literature. I wouldn't -- actually, it's more  
2 research perspective that I've lectured. And I don't  
3 teach and haven't taught very many medical students,  
4 but I have taught attendings and residents more  
5 frequently, but, again, not in medicine. Don't get  
6 me wrong.

7 So I've sat in on classes just to get a  
8 feel for it. And like I said, I was at an academic  
9 medical center, that and UAB for almost 30 years. So  
10 I've been around, but I've never -- I never would  
11 teach medicine.

12 Q. In the course of your career, have you --  
13 that you know of -- ever come across any patients  
14 treated by Dr. Akoda?

15 A. Oh, no, ma'am. I -- I can say I've never  
16 even heard of him before this case.

17 Q. And when I say Dr. Akoda, you understand  
18 who I'm talking about and the doctor who is the  
19 subject of the allegations in this lawsuit?

20 A. Yeah. I don't know what his real name is,  
21 but -- you know, he's had three or four; but, yes,  
22 that's one of them I -- I recall.

23 Q. Can we stick with Dr. Akoda for today?  
24 You'll understand who I'm talking about?

25 A. Sure.

1 Q. Did you do any evaluation of the medical  
2 records of any of the plaintiffs in this case?

3 A. No. I don't think I was given any medical  
4 records. I don't believe they're in there. And if  
5 they were, they were attached just in a -- as an  
6 exhibit, but I don't recall any medical records at  
7 all.

8 Q. Did you do any statistical analysis of any  
9 of the outcomes of Dr. Akoda's patients?

10 A. No, I have not. I know that for a fact.  
11 I haven't.

12 Q. Did you do any sort of analysis of the  
13 outcomes for Dr. Akoda's patients?

14 A. No, ma'am, I have not.

15 Q. I asked whether you had met or come across  
16 any of Dr. Akoda's patients.

17 I should also ask, have you ever come  
18 across Dr. Akoda himself?

19 A. Not that I recall. Again, I've -- if  
20 we've bumped into -- if it was a random occurrence, I  
21 don't know, but I don't think so.

22 Q. Do you have an understanding one way or  
23 the other about whether he passed USMLE steps one and  
24 two?

25 A. My understanding is he ultimately did.



1                   Let me back up. Ultimately, somebody  
2   passed them, and I'm not sure that it was him at all.  
3   So, again -- well, I'll say it that way. So somebody  
4   passed using one of his names, or multiples of his  
5   names actually.

6           Q.     Do you have any understanding that his  
7   medical school, the University of Benin, verified a  
8   diploma?

9           A.     I don't know if I -- I think I saw  
10   verification of several medical degrees, two from a  
11   different school with different dates, by the way,  
12   and one date not even shown on the diploma. And then  
13   I don't -- again, they verified the name, maybe not  
14   the person.

15          Q.     Do you know whether Dr. Akoda ever  
16   finished a residency program?

17          A.     My understanding is one guy, I think  
18   Akoda, finished the Howard's University OB/GYN  
19   program. But, again, I don't know who is what and  
20   who's who in that -- in all the different names.

21          Q.     Do you know whether Dr. Akoda was board  
22   certified in OB/GYN?

23          A.     There is a Dr. Akoda that became board  
24   certified, yes.

25          Q.     Do you know anything about any medical

1 treatment or patients that Dr. Akoda may have treated  
2 in Nigeria?

3 A. In where?

4 Q. In Nigeria.

5 A. No, ma'am. I don't think they were  
6 included, so I don't know of any.

7 Q. Do you know anything about the quality of  
8 medical care provided by Dr. Akoda?

9 A. No, not really. I mean, I read that Stat  
10 News, and that may have given me something, but I'm  
11 not into the -- into the clinical aspect, so it's  
12 really something I'm not going to spend a lot of time  
13 with.

14 Q. When you say Stat News, that was a  
15 publication that you read from the Internet?

16 A. Yes. It was one of the ones I read and  
17 the only one I printed.

18 Q. Did you do any analysis of the  
19 credentialing of Dr. Akoda by Prince George's  
20 Hospital?

21 A. No. I don't think I saw the package or  
22 the packet, the credentialing packet, credentialing  
23 information file, whatever you want to call it, from  
24 Prince George's Hospital. Maybe it's Prince George's  
25 County Hospital. I forget the technical name.

1 Q. You might be more precise than I am.

2 Thank you.

3 A. I think "county" is in there.

4 Q. Have you ever issued opinions in any other  
5 case regarding credentialing at Prince George's that  
6 you can recall?

7 A. And that's in Maryland, right?

8 Q. Correct.

9 A. You know, I don't know if I have. Maybe  
10 in the past. I can't tell you.

11 MS. MCENROE: You know, we've been going  
12 about an hour. How about we take a quick break?

13 MR. HAYNES: Sure.

14 THE VIDEOGRAPHER: We're now off the video  
15 record. The time is 10:46 a.m.

16 (A recess was taken.)

17 THE VIDEOGRAPHER: We're back on the video  
18 record with disc number two. The time is 11:01  
19 a.m.

20 Q. (By Ms. McEnroe) Dr. Hyde, you've never  
21 applied to ECFMG for services, have you?

22 A. You mean as being an international medical  
23 graduate?

24 Q. Correct.

25 A. No, I have not, that is correct.

1 Q. And you've never been employed by ECFMG,  
2 correct?

3 A. That's correct.

4 Q. You've never been a member of ECFMG's  
5 Board of Trustees, correct?

6 A. Correct.

7 Q. And you've never been a member of the  
8 Medical Education Credentials Committee for ECFMG,  
9 correct?

10 A. Likewise, correct.

11 Q. You mentioned earlier this morning that in  
12 certain instances you've come across ECFMG documents  
13 when reviewing foreign medical graduates in other  
14 settings, other expert cases, for example. Have you  
15 ever interacted directly with ECFMG in connection  
16 with any of those cases?

17 A. The cases that I've looked at  
18 forensically, or however you want to look at it, no,  
19 I have not.

20 I -- in the past, I think I've interacted  
21 with them, but never in a -- under the auspices of a  
22 case or litigation.

23 Q. Can you tell me about those interactions,  
24 please?

25 A. We had a question years ago, somebody that

1 was later found out to be a non-medical graduate that  
2 was -- got in through ECFMG.

3 Q. What case was that?

4 A. Oh, it wasn't -- I don't know the case.  
5 It happened back in Kentucky back in the '70s or  
6 '80s, probably the '80s, but I can't tell you the --  
7 other than the fact that he was trying to come our  
8 way and we found out about it.

9 Q. Do you know if he was lying about ECFMG  
10 certification?

11 A. My understanding he was. Had to do with  
12 war torn unavailability of medical school  
13 documentation.

14 Q. And do you recall anything else about  
15 those interactions with ECFMG back in the '70s or  
16 '80s about this individual?

17 A. Not really. There may have been others  
18 that I've contacted them about some questions about  
19 things, but it's -- it's been very few and far  
20 between.

21 Q. When you say not really about recalling  
22 anything else from the individual from the '70s or  
23 '80s who you mentioned lied about ECFMG  
24 certification, is there anything broadly that you  
25 remember or anything specific that you remember?

1           A.     About that case?

2           Q.     Yeah.

3           A.     Yes, I think anesthesiology, I think  
4     everybody was after him including the federal  
5     government, I want to say Lebanon came into -- the  
6     country he was from, and I want to say that they  
7     found out. He was a medic in the -- maybe the  
8     Lebanese Army or maybe it was another splinter group.  
9     It was probably the Beirut-Lebanon-type era where  
10    there was finding and bombing. I just remember that,  
11    and it was in central Kentucky.

12          Q.     Do you recall believing that ECFMG had  
13    done anything wrong or insufficient in that instance?

14          A.     At the time, no; but in retrospect, if  
15    somebody is from a war-torn country -- it's like  
16    people from Cuba. They decided not to give those  
17    people credentials, and all the ones I know of did  
18    not become licensed in the United States. They had  
19    to do a sub -- a sub level job even though they may  
20    have been bona fide physicians or dentists.

21          Q.     Do you believe that bona fide physicians  
22    from foreign locations where there are war issues  
23    should not be able to become physicians in the  
24    United States?

25                   MR. HAYNES: Object to the form.

1 CEO of a smaller hospital.

2 Q. Tell me about that case.

3 A. Well, that was -- the individual lived in  
4 an adjoining or a couple counties over from us and  
5 wanted privileges and got a bad recommendation from a  
6 residency site, and then the residency site tried to  
7 rescind it, and I wanted to find out a little more.  
8 And, also, part of the process was, he was a foreign  
9 medical, graduate, or international, whatever it was  
10 called at that time, I think FMG still 30 years ago.

11 Q. Sure.

12 A. And just called to see -- give me a little  
13 about the training, and they wouldn't give me a lot,  
14 but I was able to get some information from them.

15 Q. Do you recall any other instances that  
16 you've had direct contact with ECFMG throughout your  
17 career?

18 A. Direct, no, ma'am. Indirect, yeah.  
19 There's other that I've heard about and am  
20 knowledgeable about.

21 Q. Prior to your engagement in this case,  
22 have you ever looked at ECFMG's policies or  
23 procedures?

24 A. I think I have because, again, we've had  
25 cases -- or there have been plaintiff theories that

1 have looked at somebody's credentialing of foreign  
2 medical graduates or international medical graduates;  
3 and if that was part and parcel of the information  
4 that I was provided, I looked at that, and I've seen  
5 that before. I'm trying to remember under what  
6 conditions, but I've seen -- I've seen their packet  
7 before. I don't know if I'd seen 1996, but I've seen  
8 additional information. And, also, you can pull it  
9 up on the website to get how they have classified  
10 what they are, who they -- the irregular behavior's  
11 available on the Internet and through their website,  
12 so I've seen a lot of their policies over the years.

13 Q. In written form?

14 A. Yes. I'm sorry. Yes.

15 Q. And when you refer to information, and you  
16 talked specifically about 1996, were you talking  
17 about the information booklet?

18 A. Yes, ma'am. The booklet that was maybe  
19 Exhibit 1 to the Kelly -- Mr. Kelly's deposition.

20 Q. Have any of your opinions in any other  
21 case ever turned on the sufficiency of ECFMG's  
22 policies or procedures?

23 A. No, I don't think so. And when you mean  
24 turn, where I -- that was a pivotal issue and --

25 Q. Correct.



1 A. -- and conclusion?

2 You're right, no.

3 Q. Or something --

4 A. No -- no others.

5 Q. And -- or something that you looked at  
6 specifically to look at sufficiency of the policies  
7 and procedures of ECFMG?

8 A. Well, now that's a different question.

9 Q. Yeah. I'm asking about that.

10 A. Yeah, okay. That's fine.

11 I think that in the past the ones that  
12 I've looked at I felt comfortable with. So I can  
13 say, yes, I think -- because there were no irregular  
14 behaviors or claims of irregular behavior or some  
15 sort of falsification that I saw.

16 Q. Do you know anybody who sits on the  
17 Medical Education Credentials Committee of ECFMG?

18 A. I haven't looked at the list of  
19 individuals, so I don't know. I don't think I do;  
20 but if I go down a list, there may be people that I  
21 recognize being around for 40 years in healthcare and  
22 the medical training, academic medical center sort of  
23 process, there may be some people I know of, but I  
24 don't think so.

25 Q. But sitting here today, you don't know of

1 knowing of anybody from Medical Education Credentials  
2 Committee?

3 A. That's correct, I do not.

4 Q. Have you ever appeared before the Medical  
5 Education Credentials Committee?

6 A. No, ma'am, I have not. I haven't been  
7 asked to.

8 Q. We discussed credentialing and privileges  
9 a little bit earlier today, correct?

10 A. I believe we have.

11 Q. Yes.

12 A. For quite a bit of time.

13 Q. For quite a bit of time. And so I just  
14 want to make sure that I understand the flow of the  
15 way that credentialing and privileging happens in the  
16 healthcare industry from your perspective.

17 A. Okay.

18 Q. So an individual, regardless of whether  
19 they graduate from U.S. or international medical  
20 school, would apply to a residency program if that  
21 was the path they were to take; that would be a first  
22 step out of medical school, correct?

23 A. Correct.

24 Q. Okay. And they would either get admitted  
25 or not get admitted to the residency program based on

1     whatever criteria that residency program might have,  
2     correct?

3             A.     Now, you started out saying credentialing.  
4     This is not credentialing.

5             Q.     Sure. I'm trying to understand the flow  
6     through --

7             A.     Okay.

8             Q.     And I will get to how credentialing fits  
9     in.

10            A.     Okay, yeah. This -- this is not part of  
11     the flow of credentialing what I'm trying to say.

12            Q.     Dr. Hyde, what would you characterize it  
13     as? I'm just trying --

14            A.     Well, that's --

15            Q.     -- to get the lifecycle?

16            A.     I'm sorry. Credentialing and privileging  
17     would be -- to be credentialed would be given the  
18     right to practice medicine at a facility.

19            Q.     Sure.

20            A.     See, these individuals pre-residency are  
21     not practicing anywhere, so they're not trying to get  
22     privileges. They're trying to get in the pipeline to  
23     be able to get privileges at a later time.

24            Q.     So let's talk about the pipeline to get  
25     credentials --

1 A. Okay.

2 Q. -- if that sounds okay. So someone would  
3 graduate from medical school?

4 A. Correct.

5 Q. And apply to a residency program,  
6 presumably through the match, usually, but there are  
7 other avenues as well.

8 A. Typically, the match; but, yes, there's  
9 other avenues.

10 Q. And they would apply to those residency  
11 programs, oftentimes including an interview, correct?

12 A. They would apply, yes, ma'am. Maybe  
13 interview; maybe not. Depends upon if they were a  
14 high match or a low match.

15 Q. And there could be all sorts of  
16 application materials connected with the resident  
17 applying to a residency program, correct?

18 A. Sure, sure. There -- there's quite a bit  
19 of paperwork.

20 Q. Yep. And assuming that that individual  
21 was lucky enough to get accepted into a residency,  
22 they could choose to attend and participate in that  
23 residency, correct?

24 A. Correct.

25 Q. And they would have some oversight of

1     their performance during the residency, correct?

2           A.     They'd have a lot of oversight, not just  
3     some.

4           Q.     Yep, okay. And at some point during that  
5     residency, they might get a training license from a  
6     licensing board, correct?

7           A.     It -- it depends upon the state. You're  
8     right. Some states do; some don't.

9           Q.     Okay. And that would involve applications  
10    as well, right, to the licensing board?

11          A.     Yes, to the jurisdiction. Typically, the  
12    state licensure board.

13          Q.     And assuming that individual was  
14    performing up to snuff, they -- they might complete  
15    their residency program?

16          A.     Correct.

17          Q.     From the residency program, they might  
18    apply to full licensure, correct?

19          A.     Correct.

20          Q.     Take step three and -- and get licensed,  
21    correct?

22          A.     Yeah, take step three first, then get  
23    licensed --

24          Q.     Yep.

25          A.     -- on their own, non-training status.

1 Q. Right. So full, unrestricted medical  
2 license?

3 A. Yes.

4 Q. And that would involve an application to  
5 licensing board --

6 A. Yes.

7 Q. -- as well, correct?

8 A. I'm sorry. Yes, ma'am.

9 Q. Okay. Then the individual could become  
10 board certified in a specialty?

11 A. They could if they were eligible.

12 Q. Or they could go ahead and get a  
13 fellowship or some other sort of employment as a  
14 physician, correct?

15 A. Correct.

16 Q. Is this where we get to credentialing?

17 A. Well, if you're going to say -- throw the  
18 word hospital and privileges or healthcare facility,  
19 then we'll get to credentialing and privileging.

20 Q. Great, okay.

21 A. All of this -- let me back up. A lot of  
22 this is doing credentialing; but when I think of  
23 credentialing and privileging, I think specifically  
24 with the healthcare entity.

25 Q. Sure. Like a hospital or a nursing home,

1 something of that --

2 A. Ambulatory surgical center, group  
3 practice, yes, ma'am.

4 Q. Urgent care or something like that?

5 A. Right.

6 Q. Okay. So once that individual gets a full  
7 unrestricted license to practice medicine, if they so  
8 choose to go seek employment or affiliation with a  
9 hospital or a hospital-like entity, they would then  
10 get -- get into the pipeline for credentialing  
11 process; is that correct?

12 A. Yes, ma'am. Specific for privileges, yes.

13 Q. Yeah, okay. And all of this would be  
14 before they would be laying hands on a patient in a  
15 hospital without supervision as the medical --  
16 treating medical doctor; is that correct?

17 A. Let me back up. There are instances  
18 where, for certain things, the resident may not be  
19 supervised, so they would be laying hands upon  
20 patients. There might be some retrospective amount  
21 of evaluation, which there would be, but they can lay  
22 hands on -- when you go through, one's PGY1s, first  
23 year or the interns, they don't do a lot  
24 independently. Twos begin it. Threes are finishing  
25 up. If they become a fellow, whatever year it is --

1 one, two, three -- they're going to do more  
2 independent work, but they're still -- even on --  
3 even through fellowship, there's going to be some  
4 modicum of supervision or a maximum of supervision on  
5 the first year.

6 Q. Sure. Do you have any insight into what,  
7 if anything, Howard University Hospital did in  
8 evaluating whether Dr. Akoda should be accepted to  
9 their residency program?

10 A. No, ma'am. I haven't seen any  
11 documentation at all from Howard University.

12 Q. Have you seen any documentation regarding  
13 any oversight or evaluation of Dr. Akoda's  
14 performance during his residency?

15 A. No. That would be part of that, and I  
16 haven't seen any of that, no.

17 Q. And have you seen any documentation  
18 regarding any hiring decisions by Prince George's  
19 Medical Center?

20 A. No. I -- I didn't know that he was hired.  
21 Maybe he was hired. I -- I haven't seen any  
22 credentialing or anything really of any consequence  
23 from Prince George's County Hospital.

24 Q. Okay. Are you aware of a lawsuit  
25 regarding Prince George's County Hospital and the



1     entity with legal responsibility for originating a  
2     document and ensuring the accuracy of the information  
3     it conveys?" The prevailing definition of what a  
4     Primary Source Verification is supposed to be and  
5     what's the obligation of such.

6           Q.     So that would be like if you were trying  
7     to primary source verify a diploma from the  
8     University of Benin, it would be the University of  
9     Benin that would tell you if it was valid or not?

10          A.     Yes, they're the -- the Primary Source  
11     Verification is the entity that goes to the primary  
12     source, which in your instance is exactly right,  
13     would be the university itself.

14          Q.     The issuing university?

15          A.     Yes, the issuing granting university,  
16     granted the degree.

17          Q.     Beyond that definition of the Primary  
18     Source Verification, is it your opinion that  
19     credentialing by Medicare Advantage organizations is  
20     otherwise relevant to this case?

21          A.     No, it's not. I mean, I just -- I was  
22     asked different questions in our discussion and --  
23     about -- it's sort of an educational thing. I mean,  
24     I'm a professor, so I like to give people definitions  
25     that don't come from Dr. Hyde. They come from other

1 sources. I know them, but I want them to see it, see  
2 the other sources.

3 Q. And then in your pile of documentation you  
4 brought, you have a copy of an article entitled,  
5 "Celebrating 50 years of experience: An ECFMG  
6 perspective," correct?

7 A. Yes, ma'am, written by at the time the  
8 president of ECFMG.

9 Q. Yes. Dr. Hallock and Dr. Kostis.

10 A. Yes. I think the first one was the  
11 president. I forget what the number two was.

12 Q. Correct. He was the president and CEO,  
13 Dr. Hallock.

14 A. Yes.

15 Q. So then the next document was  
16 paper-clipped together?

17 A. Yes, ma'am.

18 Q. And I want to get an understanding of what  
19 it is from you and where you got it.

20 A. Sure.

21 Q. So I'll hand it over to you, if you  
22 wouldn't mind.

23 A. Okay.

24 Q. Let me know.

25 A. Sure. I had referenced the 2008 Manual

1 For Joint Commission About Medical Staff  
2 Credentialing --

3 Q. Yes.

4 A. -- for hospitals. That was actually  
5 listed in my opinion. And I found that -- I used to  
6 have going back 20 years all the hospital  
7 accreditation standard manuals from the Joint  
8 Commission; but, unfortunately, a few years ago I  
9 didn't have any old-old cases, so I threw some away.  
10 So -- but that's the first one is from '08, and it's  
11 about the process of medical staff credentialing and  
12 privileging at a hospital and, also, the acceptance  
13 of certain entities as Primary Source Verification or  
14 CVO, Credential Verification Organizations, that  
15 would be such as ECFMG.

16 And then I ran across -- I did find an  
17 older one, a 2004, again, Hospital Accreditation  
18 Standards from the Joint Commission that actually  
19 list out that the ECFMG is a primary source  
20 designated CVO for foreign medical graduate  
21 verification of their foreign medical school staff.  
22 And then I did take -- or excuse me -- paper-clipped  
23 these together just for -- I apologize, or to  
24 whomever.

25 Q. And I'm going to go ahead and mark these

1 two together as Exhibit 6, cause we were not able to  
2 find these documents in our library, so that we can  
3 keep them with the deposition transcript --

4 A. Sure.

5 Q. -- If that's okay.

6 A. And they're out of my -- I have the whole  
7 manuals, but I didn't bring them cause I don't want  
8 them made exhibits and lose them.

9 Q. Sure. I appreciate it.

10 A. But they're bona fide and -- I'll get it.

11 (Exhibit 6 was marked for  
12 identification.)

13 Q. (By Ms. McEnroe) Then next we have a copy  
14 of your, it looks like resume that says  
15 "Credentialing related factors" --

16 A. Yes, ma'am.

17 Q. -- at the top. And it says handwritten,  
18 "Old one. New is updated to May 10th, 2018."

19 A. Yeah. I'm trying to remember if I updated  
20 it mentally or if I -- if I did a new copy.

21 Q. So this looks like sort of a cribbing of  
22 your CV, if you want to take a look at it.

23 A. Yeah.

24 Q. It's a little bit more of a shorthand.

25 MR. HAYNES: I'm going to object. Just

1 from a different publication. This is a textbook  
2 that's out for master level healthcare administration  
3 students. I authored a chapter in the book. It's  
4 "Credentialing of healthcare providers." It's one of  
5 my publications. I have five or six or more. I  
6 can't -- I'd have to look -- on issues of  
7 credentialing. And it's just -- well, I guess -- and  
8 the brag part becomes, the reason that the first page  
9 is on here, it's one of the text -- it's a textbook  
10 that has been identified as the study guide for your  
11 fellowship and attaining fellowship in the American  
12 College of Healthcare Executives. So that's the book  
13 and I just --

14 Q. I see.

15 A. Yes. And I'm not trying to brag too much,  
16 but that's -- that is probably the most widely  
17 accepted and adopted textbook in Human Resource  
18 management in healthcare.

19 Q. So you have a copy of this. I'm going to  
20 go ahead and mark that --

21 A. Oh, I do.

22 Q. -- if that's okay.

23 A. You can have that. I've got the book  
24 itself, several copies of that. That came out of --  
25 that actually came out of ACHE, Healthcare Executive,

1 one of our weekly -- or, no, monthly publications  
2 and --

3 Q. So I see on this first page of what's now  
4 Exhibit 8, there is a picture of the book that has  
5 the cover and the second page; is that correct?

6 A. Yes, ma'am.

7 Q. Okay.

8 A. And I didn't do that. I just -- I did the  
9 picture because I wanted you to see the book.

10 Q. Sure. I appreciate that.

11 MR. HAYNES: I know it's listed on his CV  
12 in his publication, but because of its  
13 relevance, we asked him to print a copy and  
14 bring it here today for your convenience.

15 MS. MCENROE: I appreciate that. Thank  
16 you.

17 (Exhibit 8 was marked for  
18 identification.)

19 Q. (By Ms. McEnroe) Then it looks like there  
20 are a couple of other documents from the Internet, so  
21 I can move a little quicker through them. One of  
22 them is the printout from the Joint Commission  
23 Acceptance of AMA Physician Master File Data,  
24 correct?

25 A. Yes.

1 Q. And you printed that off of the website?

2 A. I did. I -- yes, ma'am, probably the AMA  
3 Master File website. I think that's the source of  
4 that.

5 Q. Great. And then you have a couple of  
6 printouts from the ECFMG website. You have one,  
7 which is a document that has representative examples  
8 of irregular behavior?

9 A. Yes, ma'am.

10 Q. You printed that off of ECFMG's website?

11 A. I did, all of those.

12 Q. And then there's another one -- another  
13 document from ECFMG's website that looks like a  
14 printout of the policies and procedures regarding  
15 irregular behavior.

16 A. Yes.

17 Q. Correct?

18 A. I did. And that's where I got it, yes,  
19 ma'am.

20 Q. And then there's another document that's a  
21 printout that is subject headed category, "Irregular  
22 behavior," and then it has a subheading that says,  
23 "USMLE takes action against individuals found to have  
24 engaged in irregular behavior." Is that correct?

25 A. Yes.

1 Q. And you printed out this as well from  
2 ECFMG's website?

3 A. I did.

4 Q. While I'm doing that, I'll make sure I get  
5 all ECFMG printouts. I see one more that appears to  
6 be from ECFMG's website that has a portion on the  
7 Certification Verification Service for ECFMG --

8 A. Yes.

9 Q. -- correct? And another one that just is  
10 from a page that says, "Certification verification,"  
11 is that correct?

12 A. Correct.

13 Q. And you printed these off of ECFMG's  
14 website as well?

15 A. I did, to establish they declare  
16 themselves a primary source verifier.

17 Q. A couple of other documents that I want to  
18 make sure we're just clear for purposes of the record  
19 what we have in your Redwell that you brought today.  
20 You have a copy of Defendant's Disclosure of Expert  
21 Testimony, which is revealing Dr. Fenichel and  
22 Dr. Goldberg dated September 23rd, 2019?

23 A. Yes.

24 Q. And it looks like a copy of your expert  
25 report, which we have marked as Exhibit --



1 A. Four? Three?

2 Q. -- 5?

3 A. Sorry, five. Yes.

4 Q. So is this report here, this is the same  
5 as what we received; is that correct?

6 A. I believe so. You printed it on two  
7 sides, and I didn't; but I think it's the same thing.

8 Q. That's fair, and it says --

9 A. It's the same date.

10 Q. It says "filed" with an "E" after it. Do  
11 you see that?

12 A. Yeah, E-filed.

13 Q. Oh, E-filed.

14 A. Electronically, I'm sorry, that's my --

15 Q. Sure, that's fine.

16 A. -- shorthand.

17 Q. That's -- that's what your notation there  
18 means?

19 A. Yes, because they filed it electronically  
20 with my signature, electronic signature.

21 Q. Got it, okay. And then it looks like a  
22 printout from FSMB's website that says, "Credentials  
23 verification process."

24 A. Yes.

25 Q. And you printed this off of FSMB's website

1 hospitals that he -- against ECFMG. He perpetuated a  
2 lot of frauds. I haven't counted them all up, but  
3 there's a lot of fraudulent -- and even he admitted  
4 it -- giving wrongful information to me that's  
5 fraudulent. I'm not a lawyer. So you hadn't asked  
6 me that; I'll tell you. But to me, doing something  
7 that's illegal and unethical and untruthful is  
8 probably -- forget unethical. That is untruthful  
9 would be fraudulent, but there's a lot of people.  
10 Ultimately, it's the patients.

11 Q. I'm going to direct your attention back to  
12 Exhibit 5, which is your --

13 A. Sure.

14 Q. -- report.

15 A. I'll get it.

16 Q. So you can set the other exhibits aside.

17 A. I'll put these in order and then pull out  
18 five. I've got it.

19 Q. Prior to this case, had you ever had any  
20 involvement with or come across any allegations of  
21 irregular behavior?

22 MR. HAYNES: Object to the form and  
23 foundation. You mean like in life?

24 MS. MCENROE: Yeah.

25 MR. HAYNES: Any irregular behavior?

1 MS. MCENROE: Yeah. I'm using it as a  
2 defined term as you use it in your report,  
3 right. So I'm going to go with, ECFMG has a  
4 definition of irregular behavior. I can restate  
5 the question if your counsel would prefer.

6 Q. (By Ms. McEnroe) Have you ever come  
7 across any allegations or investigations that you  
8 know of by ECFMG pertaining to irregular behavior  
9 prior to this case?

10 MR. HAYNES: Okay.

11 THE WITNESS: I've had knowledge. I've  
12 read things, sure, in the past. Have I been  
13 involved in those cases? No, ma'am.

14 Q. (By Ms. McEnroe) Okay.

15 A. But I'm aware of that term. And at first  
16 I thought irregular behavior any time. And, yeah, we  
17 have that. We're humans. There's irregular  
18 behavior. But I have never had a case where that's  
19 been an issue, but I'm aware of the terminology. And  
20 I'm also aware of sort of the importance, or the  
21 import of that from a standpoint of what does that  
22 lead to and what's its consequence or outcome.

23 Q. What do you mean by that?

24 A. Well, you can have irregular behavior that  
25 the individual gave the wrong -- I think he said the

1 birth date was wrong because his medical school had  
2 the wrong birth date. Well, that -- that's sort of,  
3 Okay, that's -- that's a no-brainer. Yes, that's  
4 irregular, but what does it really mean? Somebody  
5 screwed up on the paperwork, if that was all. So  
6 that could be one of those instances of irregular  
7 behavior that, yes, it's a technical -- it's like an  
8 E -- EMTALA violation. There could be technical  
9 EMTALA violations that really have no effect on  
10 anybody, but, technically, that was a violation.

11 Q. What kind of violation were you just  
12 saying?

13 A. EMTALA, E-M-T-A-L-A.

14 Q. What is that?

15 A. The Emergency Medical Treatment and Labor  
16 Act -- Active Labor Act.

17 Q. You mean in a physician giving treatment  
18 to a patient?

19 A. No, no.

20 Okay. Let me -- let me tell you what that  
21 is. Emergency Medical Treatment Active Labor Act,  
22 that is the federal guidelines on -- it started out  
23 on dumping hospitals that would -- somebody would  
24 come into the ED either emergent or pregnant, you  
25 know, sort of in the last stages or, you know, the

1     now you see it differently than how it was seen  
2     contemporaneously, right?

3                     MR. HAYNES: Object to the form.  
4                     Misstates testimony.

5                     THE WITNESS: No. The contemporaneous  
6                     part was when he apply -- when he was in an  
7                     appeals process with ECFMG and admitted lying on  
8                     different things, too. So it had nothing to do  
9                     with his subsequent conviction of tax evasion or  
10                    whatever the -- I don't know what it was, his  
11                    federal conviction and time served.

12            Q.     (By Ms. McEnroe) Right. So that  
13            admission and that appeals process where he showed up  
14            and he admitted to -- lied, that was just with  
15            respect to the identity for which ECFMG found to have  
16            been irregular behavior three or four times, correct?  
17            That was not the Akoda identity?

18            A.     That was -- see, other than the fact  
19            that -- let me think. There was an e-mail from Kelly  
20            that went to Oluwafemi that came back answered by  
21            Akoda. So it's like --

22            Q.     Right.

23            A.     -- the Akoda name does come into it.

24                     MR. HAYNES: Let him finish.

25                     MS. MCENROE: I'm letting him finish.

1 Q. (By Ms. McEnroe) Go ahead.

2 A. I'm saying the -- the Akoda name does come  
3 into it.

4 Now, you asked me a question. I don't  
5 know, technically, if when he was in front of the  
6 ECFMG committee July 10th, '96, I -- but he says his  
7 name now is Charles, comma, Igberase Oluwafemi. He  
8 didn't say Akoda. You're right.

9 Q. Right. And -- and so the e-mail that you  
10 raised having gone to one but coming back from the  
11 other --

12 A. Yeah.

13 Q. -- that was an issue that Bill Kelly  
14 identified contemporaneously, right?

15 A. Yeah. He didn't do anything about it.

16 Q. But he --

17 A. Okay, I'm sorry, he did.

18 Q. Go ahead.

19 MR. HAYNES: Go ahead. Were you finished?

20 THE WITNESS: I wasn't finished, no. I'm  
21 sorry. We keep on -- I'm trying to pause  
22 and --

23 Q. (By Ms. McEnroe) Go ahead. You can  
24 finish your answer.

25 A. Okay. The point is that that came back

1 contemporaneously as it wasn't the conviction at all  
2 that sort of lets us Monday morning quarterback.  
3 We're going back, and I'm looking at things that were  
4 submitted by him contemporaneously, that, also,  
5 knowledge of taking the test without the proper  
6 identification, you know, false testing as -- I mean,  
7 all we have to do is look at Hollywood and getting  
8 into some exclusive schools to see what -- and people  
9 can violate the -- the testing protocols.

10           So I think that there's a lot of  
11 contemporaneous information that I would have not  
12 allowed him to go any further, to be honest. He  
13 would have been permanently revoked, and I wouldn't  
14 give him a five-year revocation, then let this start  
15 over again because that in and of itself sets us  
16 where we are today.

17           Q.     Have you ever been in a position where  
18 anyone looked to you to set the outcomes of findings  
19 of irregular behavior by ECFMG?

20           A.     Oh, by ECFMG? No, ma'am. This is the  
21 first. I mean, the first time that I've been  
22 involved with a case that I found that there was  
23 irregular -- not only irregular behavior on the part  
24 of the applicant, but also very much irregular  
25 behavior upon the part of ECFMG.

1           Q.     And the hospital would play no role in  
2     terms of having the Social Security number and  
3     knowing that that was a real Social Security number  
4     for that physician?

5           A.     That's correct. And you're talking about  
6     practicing physicians outside of residency and  
7     everything?

8           Q.     Correct.

9           A.     Yes, yeah. They would have no -- unless  
10    they were employed by the hospital, because they're  
11    independent -- you know, by and large, they're  
12    independent if they -- let me say, by and large, if  
13    they're independent, their income is coming from a  
14    tertiary source, secondary source, not primary from  
15    the hospital.

16          Q.     Do you know how, if at all, Dr. Akoda was  
17    paid by Prince George's?

18          A.     I don't know if he was an employee or not.  
19    I don't know. If he submitted and they found out --  
20    oh, Prince George's. No, I don't. Let me just say I  
21    don't.

22          Q.     I'd like to direct your attention to page  
23    4 of your expert report.

24          A.     Okay.

25          Q.     At the very top, there's paragraph number



1 12. Do you see that?

2 A. Yes.

3 Q. And it says, "To obtain a license to  
4 practice medicine in Maryland, Akoda was required to  
5 submit, among other essential components, a valid  
6 ECFMG certificate." Do you see that?

7 A. I do.

8 Q. What do you mean by "other essential  
9 components"?

10 A. Well, he would have to -- when he was  
11 getting licensed to practice, he'd have to give  
12 residency information. We can look on the form, it's  
13 here, that shows the other vital information. Let me  
14 get that.

15 Q. Is that the Maryland document we --

16 A. Yes, ma'am.

17 Q. And I do believe we marked that one as an  
18 exhibit.

19 A. Oh, okay. We're up to 15. I've lost sort  
20 of -- other information, vital personal information,  
21 chronology of activities after graduating medical  
22 school, all the information about medical education.  
23 Then it says, "Graduates of foreign medical school, a  
24 copy of valid ECFMG certificate, a copy of my medical  
25 school diploma and a certified translation." Also,

1 he has other -- there's probably another dozen things  
2 that -- that he has to apply, so that's among others.

3 Q. Could you -- could you -- for the "among  
4 others," could you read in what the other dozen  
5 things are?

6 A. Okay. "I have completed part one of IML-2  
7 verification of education English language  
8 instruction form and sent a copy to the information  
9 institution from which I received my medical degree.  
10 I have listed all postgraduate training I have  
11 undertaken in the U.S. I've listed all medical  
12 licensure examinations I have ever taken and  
13 requested transcripts from the appropriate  
14 administering authority. I've listed every license  
15 registration I have ever been issued in the U.S."

16 Also, it says, "I do not have to take the  
17 special purpose exam. I have answered all character  
18 and fitness questions explained by yes. I have  
19 attached a two by -- two-inch-by-two-inch passport  
20 quality color photograph." He's read all the  
21 statements and he has to sign and date, send in  
22 money. And then if there's any supporting  
23 documentation, he has to have it -- application  
24 signed and notarized. And then he also has to have a  
25 criminal history records check.

1           Those are all the checklist things that  
2   you need in the State of Maryland for a medical  
3   license.

4           Q.     Do you know one way or the other whether  
5   the State of Maryland primary source verifies foreign  
6   graduate -- sorry. Sorry, start that one --

7           Do you know one way or the other whether  
8   the Maryland medical licensing board primary source  
9   verifies medical diplomas of foreign medical  
10   graduates?

11          A.     Do the -- they don't -- they ask for a  
12   certificate, so there's no statement. No, they don't  
13   primary source verify that. That's up to ECFMG.

14          Q.     Well, I'm asking: Do you know that for a  
15   fact that they do not?

16          A.     I just read the application, and it says  
17   that they want a copy of the certificate so --

18          Q.     Correct. They want a copy of the  
19   certificate. They also want copy of the medical  
20   diploma --

21          A.     Right.

22          Q.     -- and a certified translation, correct?

23          A.     Yes. And they don't -- they do not say  
24   that they're going to verify. Do I know that they  
25   turn around and verify that? I don't know, but I'd

1 be surprised if they even thought about doing it  
2 because that's what EC --

3 Q. So you don't know?

4 A. Well --

5 MR. HAYNES: You're interrupting him,  
6 counsel, several times.

7 THE WITNESS: Yeah.

8 MR. HAYNES: You're not letting him finish  
9 his answers.

10 THE WITNESS: The point I know is that  
11 ECFMG is a Primary Source Verification entity,  
12 so there's no need for anybody else to do it.

13 Q. (By Ms. McEnroe) Right. But that's not  
14 an answer to my question.

15 A. All right.

16 Q. So my question is: Do you know one way or  
17 the other whether Maryland primary source verifies  
18 themselves foreign medical graduates diploma?

19 A. Well, I'm led to believe they don't based  
20 upon the application itself.

21 Q. Do you know?

22 A. Well, I'm led to believe. Do I know? I  
23 don't know yes or no. But I know what ECFMG should  
24 do, and I know what the application I just read into  
25 the record states.

1           Q.     Okay. Going back to page 4 of your  
2     report.

3           A.     Sure. Which one now?

4           Q.     Paragraph 18.

5           A.     Okay.

6           Q.     It says, "Mr. Akoda ultimately entered  
7     into a plea bargain agreement and pled guilty to  
8     Social Security fraud on November 15, 2016."  
9     Correct?

10          A.     Yes, ma'am.

11          Q.     Then the next paragraph 19 says, "In the  
12     spring of 2017, Mr. Akoda's license to practice  
13     medicine in Virginia and Maryland was revoked." Did  
14     you see that?

15          A.     I did.

16          Q.     Okay. Do you have any sense of what ECFMG  
17     did following Dr. Akoda's guilty plea?

18          A.     I would have to look at the packet if  
19     ECFMG permanently revoked. I'm thinking they did.  
20     I -- I can't recall that. If you give me a page,  
21     I'll go to it.

22                     (Exhibit 16 was marked for  
23     identification.)

24          Q.     (By Ms. McEnroe) Dr. Hyde, I'm handing  
25     you what I've marked as Exhibit 16.